



A Model for Optimal Prevention: Naturopathic Community Healthcare

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Abstract

The burden of chronic disease continues to rise while adequate access to healthcare continues to remain elusive for many at risk populations. The US continues to spend more of its budget on treating preventable diseases with 86% of it's \$2.7 trillion expenditures in 2016 dedicated to people with chronic and mental health conditions.⁷ A new model of healthcare is required to tackle the problems the nation continues to face and involves an integrative model of healthcare with prevention at its center and naturopathic physicians leading the way as expert prevention specialists.

Introduction

Chronic disease continues to be a major contributing factor to morbidity in the United States yet the US spends the most money on healthcare over other developed countries in the world with the cost still rising.⁶ Naturopathic medicine has a strong focus and success rate in treating chronic disease. By addressing a problem from multiple aspects, ND's enable patients to understand their health risks, provide support and education, and offer specific treatment protocols that empower the patient to invest in his or her health. Reducing the burden of chronic disease reduces overall spending. Guidelines have been provided in the form of five important tenets for offices to follow when implementing this unique prevention focused healthcare model: create an integrative task force, make services affordable to all, be culturally competent, be community based, and prioritize prevention. Also provided is the framework of an experimental model with clearly defined roles for healthcare professionals.

Tenets of Naturopathic Based Community Medicine

This new model of healthcare takes into account social and environmental factors when addressing individual lifestyle habits and the biochemical makeup of each patient. Five tenets have been identified in terms of things to consider when having a naturopathic based community care center:



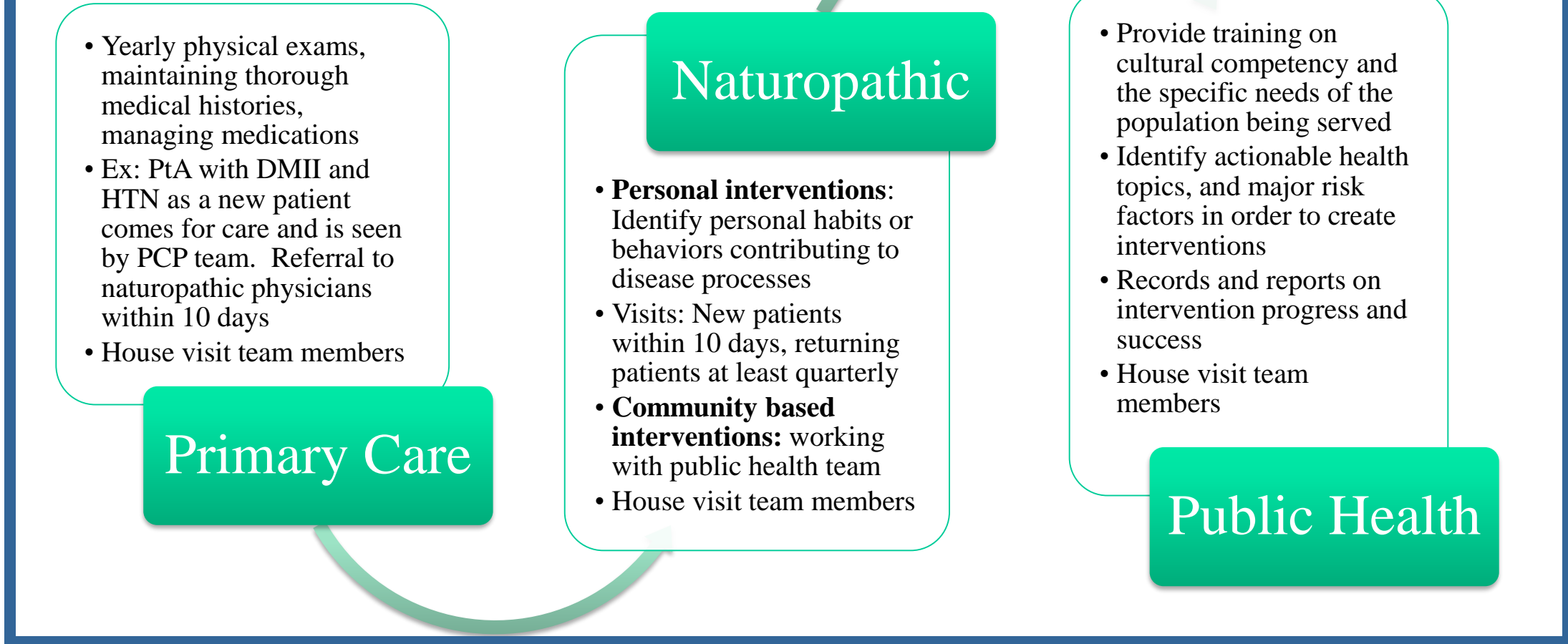
Examples of Successful Community Medicine with the above Tenets

HeartSong Clinic- Vermont
Advanced Primary Care Level III Patient-Centered Medical Home, 501(c)(3) facility, profits returned back into the community, the community governed the goals of the organization, health care provided to at risk populations in fair and equitable manner.
Brockton Neighborhood Health Center – Brockton, MA
Patient-Centered Medical Home for the medically underserved and low-income community. Translators and other culturally relevant resources are made available under the care of PCP's, community health workers, nutritionists, behavioral health professionals, mental health providers, etc.

Proposed Model

Below is a proposed structure that involves and integrates three main branches of healthcare, primary care practitioners, naturopathic physicians, and public health personnel. Having multiple providers in each of the roles outlined below is necessary in order to provide the full extent of services for a community to accomplish complete and efficient preventative healthcare. Other roles include:

Administrative: additional roles beyond regular duties include explaining to patients the clinic flow and how the three branches work together for complete patient care and providing referrals (medical and social) for outside resources for support
Governing Body consisting of Community Members: active community involvement in decisions concerning patient care



Discussion

Many difficulties arise with the proposed form of healthcare provision. For one, the scope of practice for naturopathic physicians does differ and depend on what state being discussed. Licensure is not available to naturopaths in all 50 states as of yet. While efforts are continuously being pushed in the direction of licensure, the actual model of what each practice will and should look like will vary. Licensure isn't a complete roadblock to developing a community based practice. There are many options that include NDs' much needed perspective including working under MD licenses similar to that of a nurse practitioner or physician assistant. Other difficulties to consider include insurance coverage of naturopathic visits, which also varies state to state. Continued efforts are being made on this front as well to expand insurance coverage to include CAM (complementary and alternative medicine) care. Factoring in all of the elements of what it takes to have a naturopathic based community medical facility is just the starting point. There are other elements to consider such as the financial structure of the institution. Should it be non-profit or for profit? Will insurance be accepted or not? How do the guidelines change and to what extent from a licensed state to an unlicensed state? This paper was only the beginning in terms of starting the conversation and providing a starting point for those organizations interested in becoming more prevention focused. There is a true necessity to incorporate as many healthcare professionals into the discussion of solving growing health disparities, US healthcare expenditure, and increasing chronic disease.

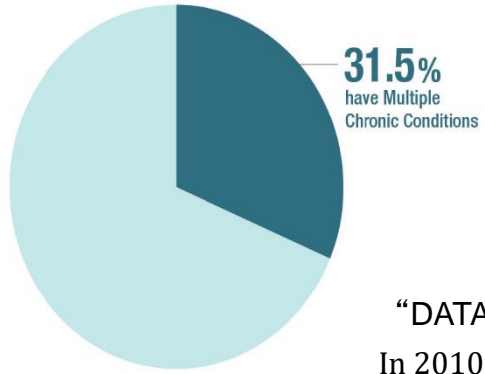
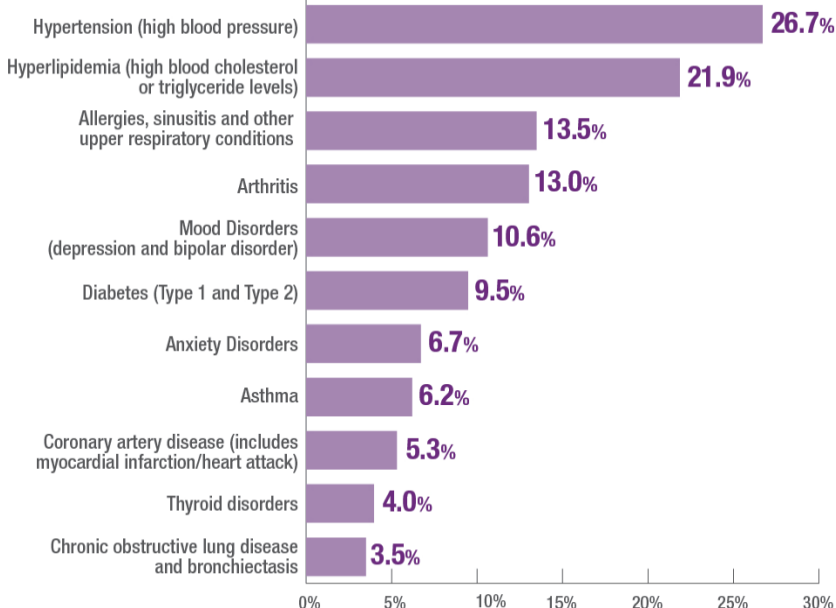
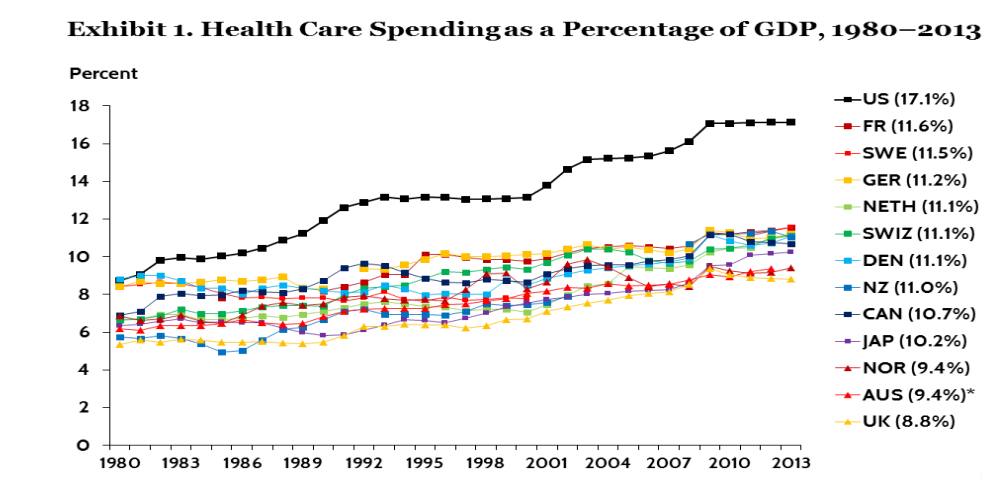
Conclusion

Community medicine focuses on providing affordable, accessible healthcare to a specific population. Generally these populations are underserved and at risk for having some of the highest numbers of chronic disease and other health deficits. It is therefore most important to bring a fresh, new perspective to the difficulties facing our nation and integrate healthcare utilizing all of our healthcare professionals. By allowing those best equipped to function within their areas of expertise is the first step in providing competent preventive healthcare. As shown in this paper, naturopaths are well equipped and prepared to provide preventative care to populations within an affordable framework that decreases the burden to other healthcare professionals.

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Burden of Chronic Disease

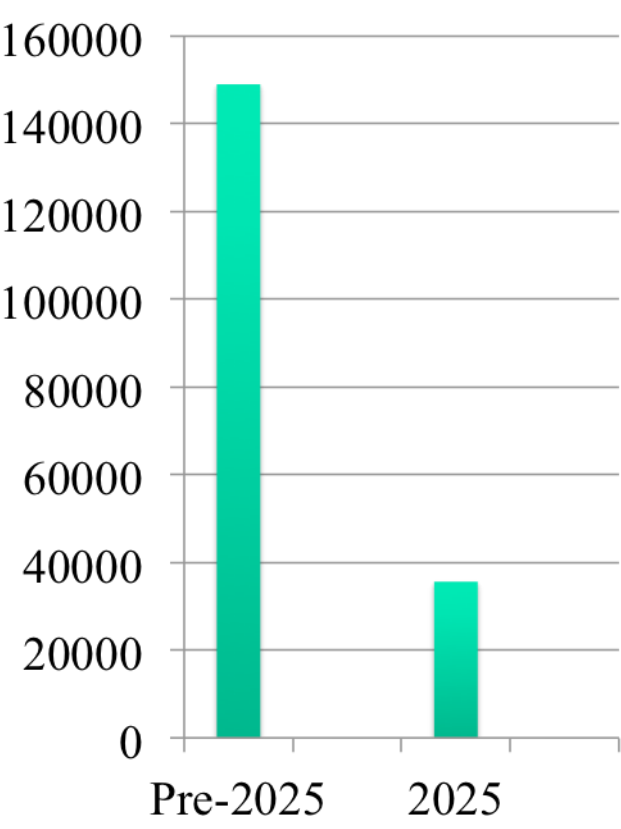


"DATA HIGHLIGHT"
In 2010, over a half (51.7%) of all Americans had at least one chronic condition and almost 1/3 (31.5%) of all Americans had multiple chronic conditions."

Burden on Primary Care doctors

- Shortfalls due to retiring PCP task force, overall population growth, and increasing insurance coverage under the Affordable Care Act allowing more people to seek healthcare.¹¹
- Primary care offices are not able to provide preventative care necessary mostly due to time constraints.¹²
- An additional 7.4 hours of the working day is needed to cover all preventative services in accordance with US Preventive Services Task Force guidelines.¹²

Projected Shortfalls in PCP



Community Medicine

- Patient centered medical care pools resources from the community
- Coordinated healthcare
- Primary care resources localized in one spot
- Community Directed
- Address the unique care needs of populations within the community

2007 United States National Health Interview Survey: Reasons for CAM usage



- Wellness and disease prevention
- Other

Naturopathic Doctors

- "Emphasis on prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods."¹³
- Four years medical training augmented by clinical nutrition, botanical medicine, psychology, counseling, etc.
- Multiple visits per year to reinforce health promotion and prevention strategies increasing effectiveness when making behavioral modifications.¹⁵